

Prepared by ~~and Return to:~~
Realty Title and Escrow
6397 Goodman Rd, Suite 112
Olive Branch, MS 38654
(662)893-8077
File No. 05080285

8/05/05 9:40:07
BK 506 PG 499
DESOTO COUNTY, MS
W.E. DAVIS, CH CLERK

WARRANTY DEED

Charles E. Davis Jr., Boyce Dale Davis, Jennifer Davis Carson, and Robert L. Davis

Candice A. Roberts

- Grantor(s)

- Grantee(s)

FOR AND IN CONSIDERATION of the sum of Ten Dollars (\$10.00) cash in hand paid and other good and valuable considerations, Charles E. Davis Jr., Boyce Dale Davis, Jennifer Davis Carson and Robert L. Davis do hereby sell, convey and warrant unto Candice A. Roberts, _____, the land lying and being situated in DeSoto County, Mississippi, more particularly described as follows, to-wit:

Lot 27, Smokey Hollow Farms Subdivision, situated in Section 33, Township 3 South, Range 5 West, as shown on plat of record in Plat Book 8, Page 37 in the Chancery Clerk's Office of DeSoto County, Mississippi.

The above-described property was conveyed to the Grantors herein by Warranty Deed of record in Book 413, Page 225, in the Chancery Clerk's Office of DeSoto County, Mississippi, with the reservation of a life estate by Charles E. Davis, Sr. and wife, Estelle Davis. Charles E. Davis, Sr. died August 1, 2002. Estelle Davis joins in this conveyance for the sole purpose of granting, bargaining and conveying all homestead or any other rights or interests she may have or may hereafter acquire in said property by virtue of the life estate reserved in said Warranty Deed.

Further, the herein described property in no longer the homestead of Estelle Davis.

Charles E. Davis, Jr. will execute this Warranty Deed on behalf of Estelle Davis pursuant to the Durable Power of Attorney recorded in Book 104, Page 751, in the Chancery Clerk's Office of DeSoto County, Mississippi.


The warranty in this deed is subject to rights of way and easements for public roads and public utilities, subdivision and zoning regulations in effect in DeSoto County, Mississippi, and further subject to all applicable building restrictions and the restrictive covenants of record.

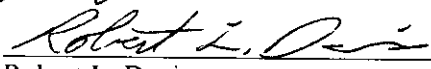
IT IS AGREED and understood that the taxes for the current year have been prorated as of this date on an estimated basis, and when said taxes are actually determined, if the proration as of this date is incorrect, then the parties hereto agree to pay on the basis of an actual proration.

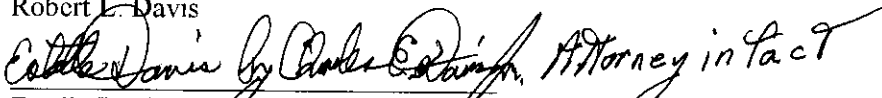
WITNESS our signature this 29th day of July, 2005.


Charles E. Davis Jr.


Boyce Dale Davis


Jennifer Davis Carson


Robert L. Davis


Estelle Davis, by Charles E. Davis, Jr.
Attorney in Fact

Return to:

AUSTIN LAW FIRM, P.A.
ATTORNEYS AT LAW
6928 COBBLESTONE DRIVE, SUITE 100
SOUTHAVEN, MS 38672

662-890-7575

505-0861

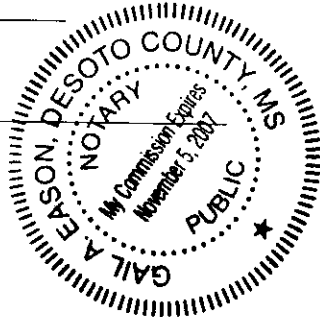
Personally appeared before me, a Notary Public in and for said State and County, Charles E. Davis Jr., Boyce Dale Davis, Jennifer Davis Carson, and Robert L. Davis, the within named bargainor(s), with whom I am personally acquainted (or proved to me on the basis of satisfactory evidence), and who acknowledged that such person(s) executed the within instrument for the purposes therein contained.

Witness my hand, at office, this 29th day of July, 2005.

Gail A. Eason
Notary Public

My Commission Expires: _____

(SEAL)



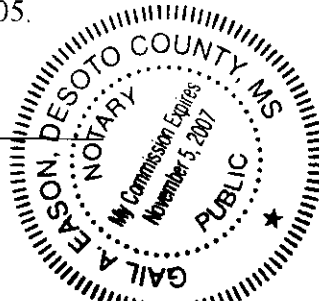
STATE OF MISSISSIPPI
COUNTY OF DESOTO

Personally appeared before me, the undersigned authority in and for the jurisdiction aforesaid, Charles E. Davis, Jr., who acknowledged to me that he is attorney in fact of Estelle Davis and that for and on behalf of said Estelle Davis and as her act and deed, he subscribed the name of Estelle Davis to the foregoing instrument of writing as principal and his own name as attorney in fact, and signed and delivered the same on the day and year and in the capacity therein mentioned, having been first duly authorized so to do.

Given under my hand and official seal, this 29th day of July, 2005.

Gail A. Eason
(Notary Public)

My commission expires: _____



Grantors' Address:

5205 Red Banks Rd. S.

Byhalia, MS 38611

H - N/A

W - 893-8077

Grantees' Address:

14472 French Rd

Byhalia, MS 38611

H - 857-6810

W - 863-0783

TYPE/PRINT
IN
PERMANENT
BLACK INK
FOR
INSTRUCTIONS
E HANDBOOK



TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

BK 506 PG 501

NAME OF DECEDENT
For use by physician or institution

DISPOSITION

REGISTRAR

CERTIFIER

CLIN OR MED-
EXAMINER EX-
NG CERTIFICATE
COMPLETE AND
MEDICAL CERTIF-
IN WITHIN 48
S.

INSTRUCTIONS
V OTHER SIDE

CAUSE OF
DEATH

1. DECEDENT'S NAME (First, Middle, Last) Charles Eugene Davis, Sr.				2. SEX Male		STATE FILE NUMBER 3. DATE OF DEATH (Month, Day, Year) August 1, 2002	
4. SOCIAL SECURITY NUMBER (of Decedent) 428-56-0538		5a. AGE-LAST BIRTHDAY (Years) 67		5b. UNDER 1 YEAR MOS. DAYS HOURS MIN		6. DATE OF BIRTH (Month, Day, Year) Jan. 20, 1935	
8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		9a. PLACE OF DEATH (Check only one) HOSPITAL: <input checked="" type="checkbox"/> Inpatient 2 <input type="checkbox"/> ER/Outpatient 3 <input type="checkbox"/> DOA OTHER: <input type="checkbox"/> Nursing Home 5 <input type="checkbox"/> Residence 6 <input type="checkbox"/> Other (Specify)		7. BIRTHPLACE (City and State or Foreign Country) Cockrum, MS			
9b. FACILITY NAME (If not institution, give street and number) Baptist East Hospital		9c. CITY, TOWN, OR LOCATION OF DEATH Memphis		9d. COUNTY OF DEATH Shelby			
10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify) Married		11. SURVIVING SPOUSE (If wife, give maiden name) Estelle Shackelford		12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Truck Driver		12b. KIND OF BUSINESS/INDUSTRY Transportation	
13a. RESIDENCE-STATE MS		13b. COUNTY Desoto		13c. CITY, TOWN OR LOCATION Byhalia		13d. STREET AND NUMBER OR RURAL LOCATION 14472 French Rd.	
13e. INSIDE CITY LIMITS? 1 <input type="checkbox"/> Yes 2 <input checked="" type="checkbox"/> No		13f. ZIP CODE 38611		14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		15. RACE-American Indian, Black, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) College (14 or 5-)		17. FATHER'S NAME (First, Middle, Last) Boyce Eugene Davis		18. MOTHER'S NAME (First, Middle, Maiden Surname) Florence Elizabeth Sowell			
19a. INFORMANT'S NAME (Type/Print) Estelle Davis		19b. RELATIONSHIP TO DECEASED Wife		19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 14472 French Rd., Byhalia, MS 38611			
20a. METHOD OF DISPOSITION 1 <input checked="" type="checkbox"/> Burial 2 <input type="checkbox"/> Cremation 3 <input type="checkbox"/> Removal from State 4 <input type="checkbox"/> Donation 5 <input type="checkbox"/> Other (Specify)		20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Emory Cemetery		20c. LOCATION-City or Town, State Olive Branch, MS		21d. LICENSE NUMBER OF EMBALMER 5349	
21a. SIGNATURE OF FUNERAL DIRECTOR <i>James L. Whay</i>		21b. LICENSE NUMBER OF FUNERAL DIRECTOR FS387		21c. SIGNATURE OF EMBALMER <i>Kerlin Hughes</i>		21d. LICENSE NUMBER OF EMBALMER 5349	
22a. NAME AND ADDRESS OF FUNERAL HOME Brantley Funeral Home P. O. Box 428, Olive Branch, MS 38654-0428		22b. LICENSE NUMBER OF FUNERAL HOME FE117		22c. DATE FILED (Month, Day, Year) AUG 22 2002			
23. REGISTRAR'S SIGNATURE <i>Mary Ann Brundage</i>		24. DATE FILED (Month, Day, Year) AUG 22 2002		25a. PHYSICIAN: To the best of my knowledge, death occurred at the date and place, and due to the cause(s) and manner as stated. 1 <input type="checkbox"/> SIGNATURE AND TITLE OF PHYSICIAN <i>Arnel Pallera, MD</i>			
25b. LICENSE NUMBER 30872		25c. DATE SIGNED (Month, Day, Year) 8/12/02		26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the date and place, and due to the cause(s) and manner as stated. 2 <input type="checkbox"/> SIGNATURE AND TITLE OF MEDICAL EXAMINER			
26b. LICENSE NUMBER		26c. DATE SIGNED (Month, Day, Year)		27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print) Dr. Arnel Pallera, 100 N. Humphreys, Suite 100, Memphis, TN 38120			
28. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. Acute leukemia DUE TO (OR AS A CONSEQUENCE OF): b. Sepsis DUE TO (OR AS A CONSEQUENCE OF): c. DUE TO (OR AS A CONSEQUENCE OF): d. Approximate Interval Between Onset and Death		29a. WAS AN AUTOPSY PERFORMED? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		29b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		30. MANNER OF DEATH 1 <input type="checkbox"/> Natural 5 <input type="checkbox"/> Pending Investigation 2 <input type="checkbox"/> Accident 3 <input type="checkbox"/> Suicide 6 <input type="checkbox"/> Could not be Determined 4 <input type="checkbox"/> Homicide	
31a. DATE OF INJURY (Month, Day, Year)		31b. TIME OF INJURY M		31c. INJURY AT WORK? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No		31d. DESCRIBE HOW INJURY OCCURRED	
31e. PLACE OF INJURY-At home, farm, street, factory, office building, etc. (Specify)		31f. LOCATION (Street and Number or Rural Route Number, City or Town, State)					

MEMPHIS & SHELBY COUNTY HEALTH DEPARTMENT-814 JEFFERSON AVE.,
MEMPHIS, TENNESSEE. THIS IS TO CERTIFY that this is a true and correct copy of
the record filed with the Tennessee Vital Records by the Memphis and Shelby County
Health Department.

SEAL

AUG 22 2002

Date Issued

by 
Kenneth Johnson, Registrar
Vital Records Section